

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000042049

**Entity Name:** PX10 LLC

**Current Principal Place of Business:**

12651 W. SUNRISE BLVD. #102  
SUNRISE, FL 33323

**Current Mailing Address:**

11352 W. STATE RD 84 #37  
DAVIE, FL 33325 US

**FEI Number:** 83-3689254

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ELGAZAR, SHARONA  
11352 W. STATE RD 84 #37  
DAVIE, FL 33325 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ELGAZAR, SHARONA  
Address 11352 W STATE RD 84 #37  
City-State-Zip: DAVIE FL 33325

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARONA ELGAZAR

MGR

01/09/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date